

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6903

63-048156
STATE FILE NUMBER

FILED JAN 9 1964

| | | |
|---------------------|--------------|--|
| VS 300 Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT |
| 1 | | |
| 2 <u>3578</u> | | |
| 3 | | |
| 4 <u>0</u> | | |
| 5 <u>2</u> | | |
| 6 | | |
| 7 <u>0</u> | | |
| 8 <u>0</u> | | |
| 9 <u>1/222</u> | | |
| 10 | | |
| 11 | | |
| 12 <u>86-0</u> | | |
| 13 | | |
| ITEM NO. | SHOULD READ | BY AFFIDAVIT OF |

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| Length of stay in 1b <u>50 yrs.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland Nursing Home</u> | | d. STREET ADDRESS (If outside, give location) <u>3244 Myrtle</u> | |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>Mr. HARRY PAT MAXWELL</u> | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>19</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-30-85</u> |
| 9. AGE (last birthday) <u>78 yrs.</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police Sgt. - 14 yrs. Darby Co. - 17 yrs. Mexico, Missouri</u> | |
| 11. BIRTHPLACE (City and state or country) <u>U.S.A.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John Maxwell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ellen Butler</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Emma Sara Maxwell</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u> | |
| 16. SOCIAL SECURITY NO. <u>[redacted]</u> | | 17. INFORMANT <u>Ruth Risley - 3244 Myrtle</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> DUE TO (b) <u>Myocardial Decompensation</u> DUE TO (c) <u>Chronic Myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 days</u> <u>8 years</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>[redacted]</u> a.m. <u>[redacted]</u> p.m. <u>[redacted]</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY <u>[redacted]</u> STATE <u>[redacted]</u> |
| 21. I attended the deceased from <u>1-4-63</u> to <u>12-19-63</u> and last saw her/him alive on <u>12-19-63</u> Death occurred at <u>520 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <u>Frank Paul Laurensano</u> (Degree or title) | |
| 22b. ADDRESS <u>428 South White Ave</u> | | 22c. DATE SIGNED <u>12-19-63</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12-21-63</u> | 23c. NAME OF CEMETERY, OR CREMATORY <u>Blue Springs Cem.</u> | 23d. LOCATION (City, town, or county) <u>Blue Springs, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Mellody-McGilley-Eylar Funeral Home</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-20-63</u> | |
| ADDRESS <u>Linwood & WOODLAND</u> | | 26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u> | |

(Licensed Embalmer's Statement on Reverse Side)

Dr. Laurence

Mexico City

Exile before 3. 12-30-60

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gerald A. Burger

Licensed Embalmer No. 4763

P. O. Address

9648 Roe Ave
Overland Park, Kans.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.